Mississippi Workers' Compensation Commission

1428 Lakeland Drive / Post Office Box 5300 Jackson, Mississippi 39296-5300 601-987-4217 http://www.mwcc.ms.gov

Mark S. Formby, Chairman Beth Harkins, Commissioner Mark Henry, Commissioner Shakira Hargon, Pre-Hearing Supervisor

MARCH 11, 2022

TO: FEDEX

440 HWY 49 SOUTH

RICHLAND, MS 39218-0000

RE: MWCC NO.:

2201473-R-5770-C

CLAIMANT:

DMONTERRIO GIBSON

EMPLOYER:

FEDEX

CARRIER:

FEDERAL EXPRESS CORPORATION

DATE PETITION TO CONTROVERT FILED:

03/11/2022

DATE ANSWER IS DUE:

04/03/2022

ADMINISTRATIVE JUDGE ASSIGNED:

Deneise Turner Lott

ANSWER TO PETITION TO CONTROVERT REQUIRED

Claimant has filed a Petition to Controvert indicating a dispute has arisen in this workers' compensation claim. Pursuant to Commission Procedural Rule 4, the Employer/Carrier must file an Answer, MWCC Form B-5,22, with the Commission within twenty-three (23) days of the date of this letter.

Immediately notify counsel for the Employer, Carrier or Third Party Administrator to prepare the answer. Employer/Carrier's failure to timely file an Answer without good cause may result in the imposition of sanctions for unreasonable delay per Miss. Code Ann. Section 71-3-59 (Rev. 2000).

The Answer must include the exact legal name and address of the Employer, the Workers' Compensation Insurance Carrier, and any Third Party Administrator. If Employer is a member of a self-insurance group, the Answer must include the name and address of the group administrator as well as the name and address of the servicing agency.

Employer/Carrier must also serve a copy of the completed Answer, Form B-5,22, and attachments, if any, to the Claimant or, if the Claimant is represented, to Claimant's attorney.

cc: Attorneys of record

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Submitted By: MOORE, CARLOS E. Filed On: Fri Mar 11 11:46:23 2022

MISSISSIPPI WORKERS' COMPENSATION COMMISSION PETITION TO CONTROVERT

PLI	The state of the s			1		
	almant Name: DMonterrio Gibso	n		Insurer Name: Federal Express C	orporation	
Cit	ty: Utica N: 428832030	State: MS Date of Birth:	Zip: 39175 12/04/1997	Address: 3620 Hacks Cross Rd. B City: Memphis	ldg. B 3rd Floor State: TN	Z lp: 38125
Em	nployer Nume: FedEx			Claims Administrator (TPA) Nar	me: Sedgwick Claim	s Management Service
Address: 440 Highway 49 S City: Richland		State: MS	Zip: 39218	Address: P. O. Box 14423 City: Lexington Phone:	State: KY	Zip: 40512
Con	mes now the claimant and conti	roverts this cause	e and in support the	ercof alleges the following:		
1.		January	2022	, claimant received a compensable	injury while in the	employ of the
_	captioned employer.	er	A	371-1 3V \$1296.72		
2.	Claimant's Occupation; Country Average Weekly Wage: 31290.72					
٥,	Claimant's Occupation: Courier Average Weekly Wage: \$1296.72 County and place of accident or illness: Lincoln County A. Nature of work in which claimant was engaged at the time of injury or illness: Claimant had just finished delivering a package to a home.					
	B. Description of accident or illness and how it happened: After delivering package to resident home, Claimant was approached and shot at by neighbors.					
	C. Accurately describe the part or parts of body involved or injured, or type of occupational disease: Mental anguish and anxiety; loss of sleep; depression; PTSD					
	D. Date employer first notified of injury or illness and name and title of person notified: Claimant Earnie Kelly manager on January 24, 2022					
	E. Name and addresses of witnesses: Cresso Williams- night manager					
					Dachanda Clark Hee	ling Minds Clinic
4	Names and addresses of attending physicians and hospitals with dates medical treatment rendered: Rashonda Clark Healing Minds Clinic Clinton, MS					
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